



VIRTUAL GATEWAY
Common Intake
Electronic Housing Application
Cover Sheet



Application Date:

Virtual Gateway Application Number:

Provider Information	Applicant Information
Provider Organization: _____	Name: _____
HAP Worker Phone No: _____	DOB: _____
HAP Worker Name: _____	

Please include this cover sheet when mailing* any documents to a Local Housing Authority.

*Mail by First Class U.S. Postage Surface Mail

Place a checkmark (✓) in the appropriate space below identifying the attached verification(s) or signature pages.

Application and Supporting Documents

- _____ General Authorization for Collection and Release of Information (Electronic Application) Rights Under c. 66A (FIPA)—one form for each adult member or emancipated minor in the household
- _____ Application summary—signed by applicant and witnessed by provider
- _____ Electronic Signature Page (State Aided Housing Rights and Responsibilities) —signed by applicant and witnessed by provider

Verifications in Support of Electronic Application:

- _____ Names
- _____ Address
- _____ Priority and preference status
- _____ Handicap Status
- _____ Income
- _____ Assets
- _____ Medical Expenses
- _____ Other supporting documentation

Other: (please explain)

The attached documents may contain information that is privileged, confidential, or exempt from disclosure under applicable law is intended for the use of only the individual or department to which it is addressed. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of these materials is strictly prohibited.